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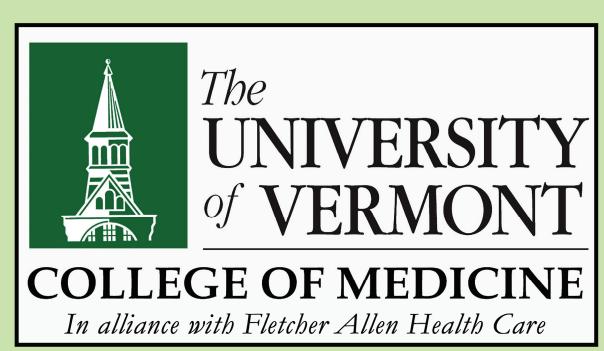
Beal, Angus; Caulfield, Hannah; Cipolla, Elizabeth; Elsaesser, Theodore; Gagnon, Andrew; Gossling, Megan; Park, Yangseon; Jemison, Jill; Hawkins, Annika; and Kohn, Mary Anne, "Suburban Satellite Health Care Facilities Limit Access for Low-Income Patients" (2009). *Public Health Projects*, 2008-present. Book 17.

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Suburban Satellite Health Care Facilities Limit Access for Low-Income Patients



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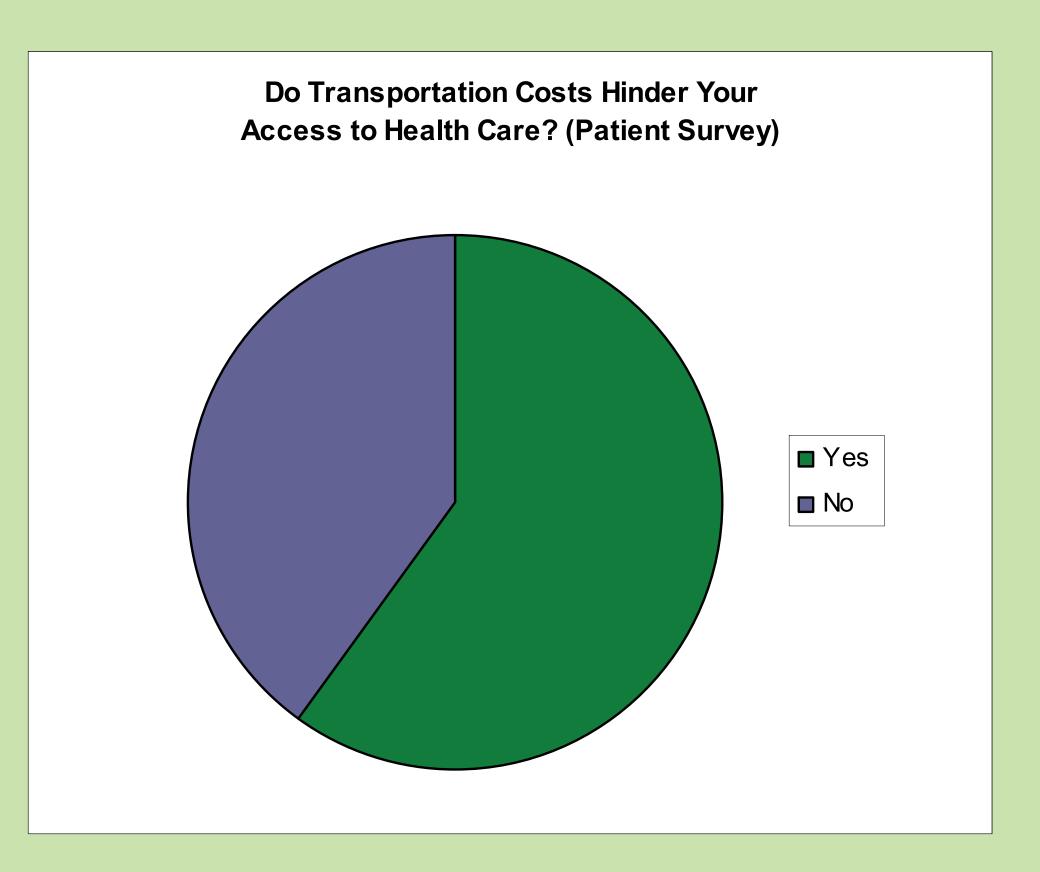
Introduction

Low income individuals are faced with numerous barriers to health care that can lead to worse health outcomes (Zlotnick, 2008). Limited access to transportation, in particular, has been linked to lower rates of doctor's visits and consequently, a greater burden of disease. Community agencies such as Safe Harbor (SH), the Community Health Center (CHC), and the Committee on Temporary Shelter (COTS) in Burlington, Vermont reported the move of many ambulatory care practices from Fletcher Allen Hospital, located on a citywide bus route, to Tilley Drive, which was not located on a bus route, as a significant barrier for their patients.

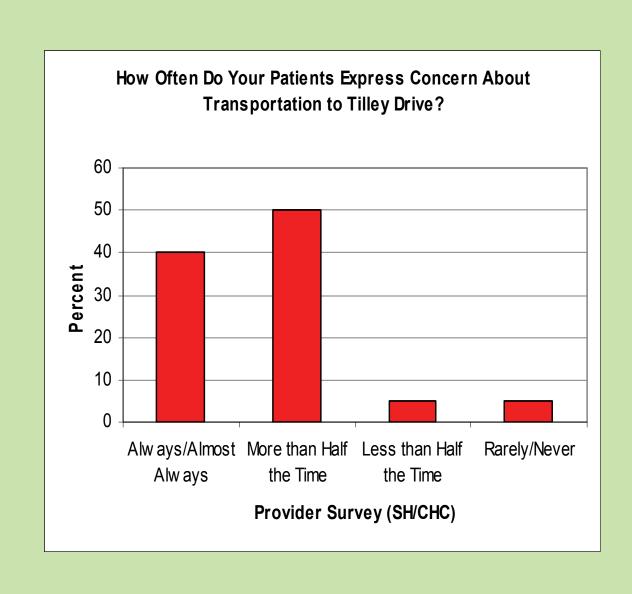
Methods

Four different analytical tools were used:

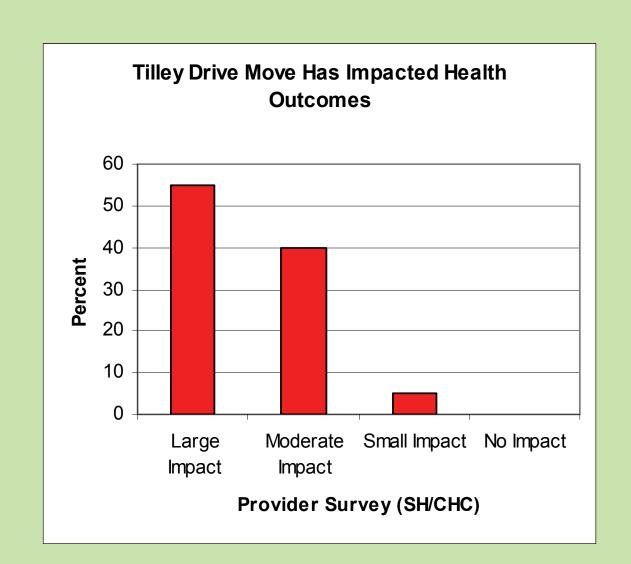
- (1) A survey was given to people at emergency shelters and soup kitchens inquiring about their use of health care services, transportation used to get to appointments, and their barriers in getting health care.
- (2) An online survey was given to health providers at SH and the CHC which inquired about changes in referral patterns and the providers' perceptions on the move's impact on patient health outcomes.
- (3) A retrospective data analysis of costs spent by community social service organizations on transportation to get patients to health care appointments.
- (4) A survey of office administrators from medical offices on Tilley Drive to elicit referral rates pre- and post-move to Tilley, pre- and post-move no-show rates, and their suggestions on ways to facilitate transportation in the future.



"Three different parts of town ... the bus only runs every hour ... One referral was due to a knee injury - no way to walk that far!" - Patient







Results

Low-Income Pop. Survey: 50 respondents

 Transportation was an almost unanimously noted problem in accessing Tilley Drive offices, with the distance from the bus stop being the main limiting factor.

SH/CHC Provider Survey: 20 respondents

- More than half of the providers reported decreasing the number of referrals they make to services since their relocation to Tilley Drive.
- All the providers agreed that the services on Tilley Drive were "Not very accessible" or "Not at all accessible" for their low income patients.
- 30% believed there were more no-shows to the services on Tilley drive.
- 95% believed that moving services to Tilley
 Drive has had a "Moderate" to "Large impact"
 on their patient's health.

Tilley Drive Administrator and Specialist Provider Interviews

- Physicians and Administrators said that their uninsured and Medicaid patients had an increased difficulty with transportation since the offices moved to Tilley Dr.
- Physicians reported reduced access to health care as one of the reasons for worse health outcomes in this population.

Discussions with Community Organization Leaders

- There is a growing population of patients who utilize taxi vouchers provided by SH, COTS, and CHC for transportation to Tilley Drive.
- Round trip cost for each voucher is approximately \$23.
- These costs are rising and are unsustainable for these organizations.

Discussion

Transportation for low-income populations is a problem that needs to be addressed, as FAHC plans on expanding ambulatory practices at Tilley Drive.

Solutions:

- Administrators from Fletcher Allen, Safe Harbor, and COTS reported that collaborating with the Chittenden County Transportation Authority (CCTA) is the best way to resolve this issue.
- Shuttle provided by CCTA to add to the current route.
- A van provided between FAHC main site and Tilley Drive.

Study limitations:

- SH, the CHC, and COTS were not able to provide complete financial records regarding transportation. Administrators from these organizations reported significant financial burden by providing taxi vouchers to their patients.
- Discrepancies in reported referrals to Tilley Drive between physicians at Tilley Drive and those referring to Tilley.
- FAHC cardiology practice at Tilley Drive showed an overall decrease in no-show rates after their move to Tilley Drive, however, they were unable to provide a breakdown of no-show rates based on insurance types.

Recommendations

Future research should focus on expanding on possible solutions as well as determining their practicality and sustainability. Overcoming the transportation barrier to Tilley Drive practices will contribute to better health care outcomes for low-income patients.

References

- 1. Eiken and Galantowicz. *Improving Medicaid Access for People experiencing Chronic Homelessness: State examples*. U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, U.S. Department of Veterans Affairs, U.S. Department of Labor, 2004.
- 2. Kim, Mimi M., Jeffrey W. Swanson, Marvin S. Swartz, Daniel W. Bradford. *Healthcare Barriers among Severely Mentally III Homeless Adults: Evidence from the Five-site Health and Risk Study*. Adm Policy Ment Health. 2007 Jul;34(4):363-75. Epub 2007 Feb.
- 3. King PC Jr. *Delivering care to the streets*. Health Prog. 1994 Nov;75(9):36-8.
- Little B, Cannon C, Whitson B, Jarolim DR. *The failed appointment*. <u>J Okla State Med Assoc</u>. 1991 Sep;84(9):455-8.
- Zlotnick C, Zerger S. Survey findings on characteristics and health status of clients treated by the federally funded (US) Health Care for the Homeless Programs. Health Soc Care Community, 2008 Jun 17.

